



REQUEST FOR INTERIM DISBURSEMENT OF ESCROW FUNDS

Name: _____ Date: _____

Interim Disbursement Amount Requested: \$ _____

Reason for Request (explain in detail): _____

When an FSS participant has fulfilled all obligations of their Contract of Participation (COP), an escrow check will be disbursed to the Head of Household within 30 days after COP completion. FSS families may access an interim disbursement from their escrow account during the COP for unforeseen expenses that will hinder the completion of their goals(s). Notice will be sent of the request being approved or denied. Complete the following in order to continue processing your request. Check all that apply:

- _____ I am actively working toward my goal(s) by working or attending school/training.
- _____ I assure that the expense is valid and directly related to my goal(s) that I am actively pursuing.
- _____ I have a savings account (show proof of consistent contributions and state why it will not cover your expense):

- _____ I am in compliance with the requirements of the COP agreement, FSS commitment form and HCV/Public Housing Program.
- _____ I am not in a repayment agreement with Plano Housing Authority.
- _____ My expense has not been paid for already (If it has, we will not be able to approve your request).
- _____ I have attached supporting documents with this request.

Please submit copies to support your request (billing statement, bill of sale, school schedule, financial aid award letter, etc.)

FSS Participant's Signature Date _____

FSS/HOV Counselor Signature Date _____

OFFICE USE ONLY: DATE _____ APPROVED _____ DENIED _____

Signature of Executive Director OR _____
Signature of Deputy Director